## 2600 INTERNAL TRANSFER REQUEST FOR S.N.

| 1 | 0/064 | ,519 |
|---|-------|------|
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| DATE: SILL 12   | 2002 FROM: Tim Joh Son (prin   | nt name)   |
|---|--|------------|
| FORWARD TO:  A. Art Unit: 2644  B. Class: 3-81  C Subclass:  FURTHER EXPLANATION IF I |  | , .        |
| DATE: 92402   | FROM: XuMen (print   | t name)    |
| FORWARD TO: 2651  A. Art Unit: 2652  B. Class: 360  C Subclass: 2                     | REASON(S):  A. You had Parent  B. See Title  C. See Abstract  D. See Claim(s):   |            |
| FURTHER EXPLANATION IF N  | Londro on recording/read   | lig info.  |
|   | FROM   |            |
| DATE:   | FROM: (print   | name) Your |
| FORWARD TO CLASSIFIER   | REASON(S):  A. You had Parent (check box)  B. See Title (check box)  C. See Abstract (check box)   | name) Your |
| FORWARD TO CLASSIFIER   | REASON(S):  A. You had Parent (check box)  B. See Title (check box)  C. See Abstract (check box)  D. See Claim(s):                             |            |
| FORWARD TO CLASSIFIER   | REASON(S):  A. You had Parent (check box)  B. See Title (check box)  C. See Abstract (check box)  D. See Claim(s):                             | name) Your |
| FORWARD TO CLASSIFIER   | REASON(S):  A. You had Parent  B. See Title  C. See Abstract  D. See Claim(s):  CEEDED:  Check box)  (check box)  (check box)  (check box)     | name) Your |
|   | REASON(S):  A. You had Parent  B. See Title  C. See Abstract  D. See Claim(s):  CEEDED:  Check box)  (check box)  (check box)  (check box)     | name) You  |
| FURTHER EXPLANATION IF N  | REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):  EEDED:  Check box) (check box) (check box) (check box) (check box) | name) You  |

FURTHER EXPLANATION IF NEEDED: